

ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Anica Alvarez Nishio

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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Time frame: past 36 months									
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">NIHR204406</td> <td style="width: 50%;">NIHR SPCR 133895</td> </tr> <tr> <td>NIHR154231</td> <td>NIHR207275</td> </tr> <tr> <td> </td> <td>NIHR203902</td> </tr> </table>	NIHR204406	NIHR SPCR 133895	NIHR154231	NIHR207275		NIHR203902	
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4	Consulting fees	<input type="checkbox"/> None	
		University of Oxford	Began 2023; ongoing
		University of Kent	Began 2024; ongoing
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		University of Kent	Began 2019; ongoing
		University of Liverpool	Began 2022; Ceased 2025
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		VAPC / MOD	Began 2020; ongoing
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Thames Valley Policing Data Ethics Panel	Began 2020; ongoing
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		NICE QSAC (Vice Chair)	Began 2020; ongoing
		NIHR PGfAR (Member)	Began 2019; ongoing
		Yale Club of London (President)	Began 2024; ceased 2025

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 6/26/2024

Your Name: Richard Byng

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 6/26/2024

Your Name: Aileen Clarke

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Francesca Dakin

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 7/11/2024

Your Name: Stuart Faulkner

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Professor T Greenhalgh

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months									
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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/12/2024

Your Name: Isabel Hanson

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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ICMJE DISCLOSURE FORM

Date: 29/07/2024

Your Name: Nina Hemmings

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/29/2024

Your Name: Gemma Hughes

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/29/2024

Your Name: Laiba Husain

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Asli Kalin

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Emma Ladds

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 7/29/2024

Your Name: Ellen MacIver

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Lucy Moore

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

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Date: 7/28/2024

Your Name: Sarah O'Rourke

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

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Date: 6/26/2024

Your Name: Rebecca Payne

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/13/2024

Your Name: Tabitha Pring

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12/13/2024

Your Name: Sarah Rybczynska-Bunt

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 7/1/2024

Your Name: Sara Shaw

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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4	Consulting fees	<input type="checkbox"/> None	
		IPSOS Mori	External consultancy, payment to me
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		CRUK educational lecture - honoraria	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2/5/2025

Your Name: Nadia Swann

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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11	Stock or stock options	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 8/13/2024

Your Name: Joseph Wherton

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)						
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ICMJE DISCLOSURE FORM

Date: 8/13/2024

Your Name: CHS Wieringa

Manuscript Title: Remote by Default 2: A study of remote and digital services in UK general practice 2021-2023

Manuscript Number (if known): n/k

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